



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5156

<b>SERIAL NUMBER</b> 10/731,731	<b>FILING OR 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 337348040US1
<b>APPLICANTS</b> Jeffrey Balzer, Allison Park, PA; Allen Wyler, Seattle, WA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/802,808 03/08/2001 PAT 7,010,351 and claims benefit of 60/432,073 12/09/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 03/22/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>CP</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 71
				<b>INDEPENDENT CLAIMS</b> 12
<b>ADDRESS</b> 25096				
<b>TITLE</b> System and method for treating Parkinson's Disease and other movement disorders				
<b>FILING FEE RECEIVED</b> 1296	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	